

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050852

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** ESTERO PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

26201 SOUTH TAMiami TRAIL  
SUITE #1  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

26201 SOUTH TAMiami TRAIL  
SUITE #1  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

**FEI Number:** 20-1416912      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIORIO, DOMINIC  
26201 SOUTH TAMiami TRAIL  
SUITE #1  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DIORIO, DOMINIC  
**Address:** 26406 CLARKSTON DR  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** MGRM  
**Name:** KLASSEN, CHARLES L  
**Address:** 207 SAN MATEO DRIVE  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** MGRM  
**Name:** KLASSEN, SANDRA L  
**Address:** 207 SAN MATEO DRIVE  
**City-St-Zip:** BONITA SPRINGS, FL 34134

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SANDRA KLASSEN

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date